STATE OF MARYLAND

DHMH

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October 26, 2012

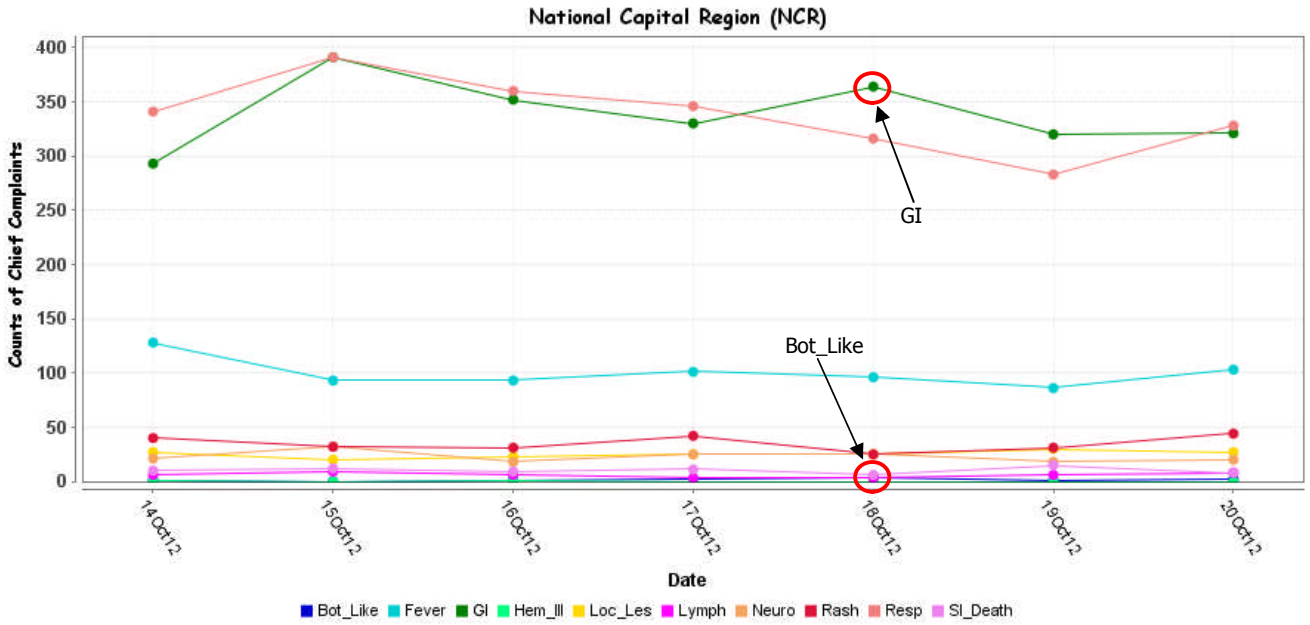
Public Health & Emergency Preparedness Bulletin: # 2012:42
Reporting for the week ending 10/20/12 (MMWR Week #42)

CURRENT HOMELAND SECURITY THREAT LEVELS

National: **No Active Alerts**
Maryland: **Level One (MEMA status)**

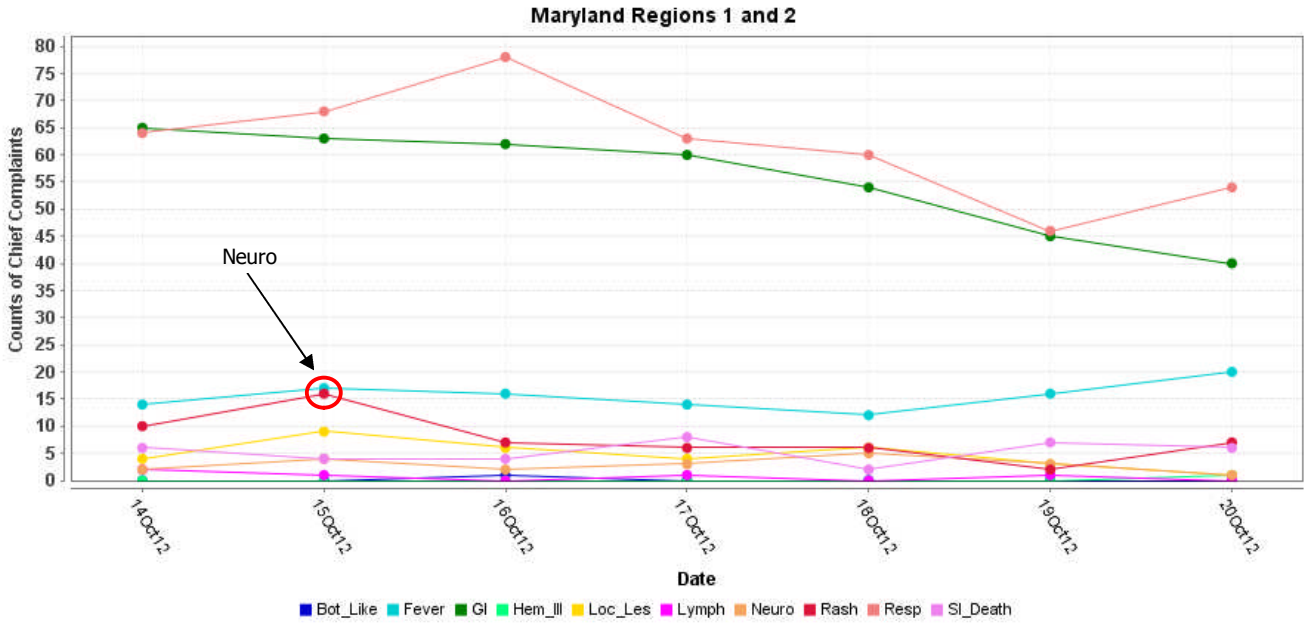
SYNDROMIC SURVEILLANCE REPORTS
ESSENCE (Electronic Surveillance System for the Early Notification of Community-based Epidemics):
Graphical representation is provided for all syndromes, excluding the "Other" category, all age groups, and red alerts are circled. Red alerts are generated when observed count for a syndrome exceeds the 99% confidence interval. Note: ESSENCE – ANCR uses syndrome categories consistent with CDC definitions.

Overall, no suspicious patterns of illness were identified. Track backs to the health care facilities yielded no suspicious patterns of illness.

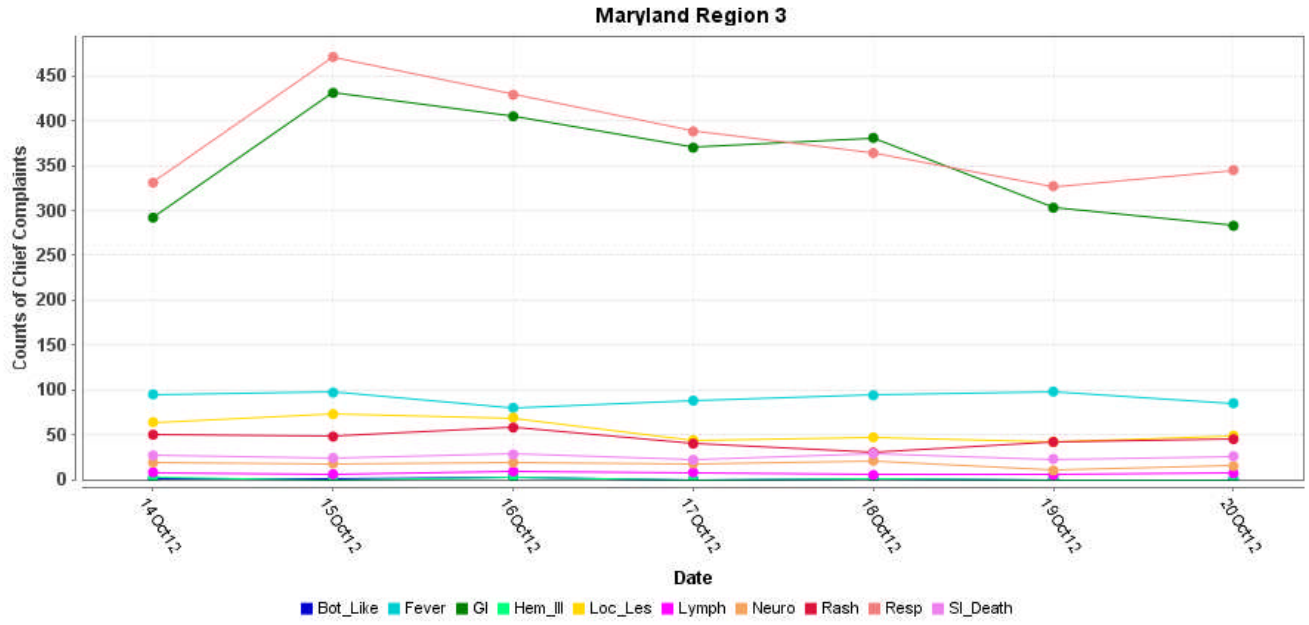


*Includes EDs in all jurisdictions in the NCR (MD, VA, and DC) reporting to ESSENCE

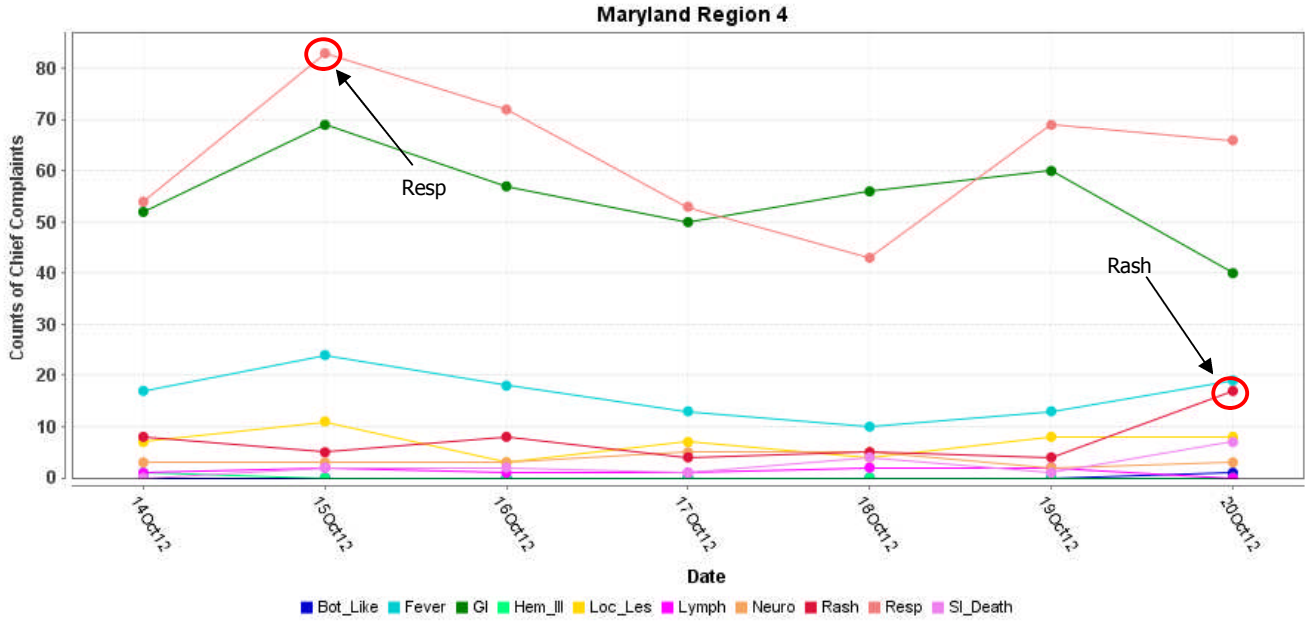
MARYLAND ESSENCE:



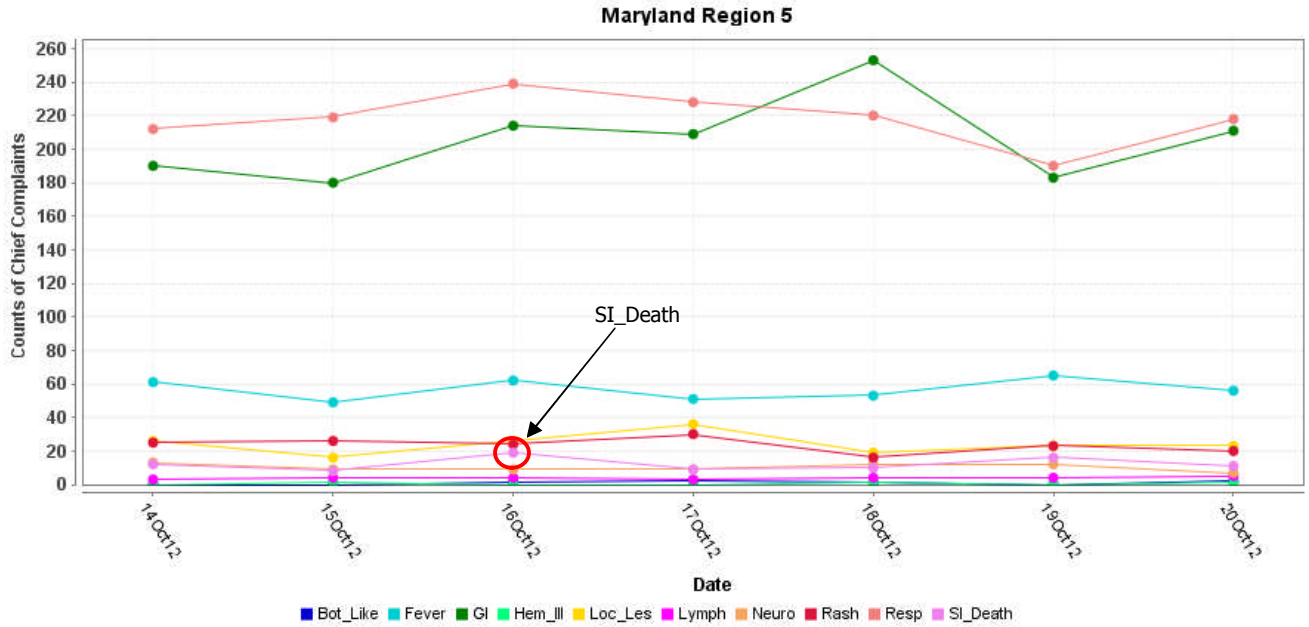
* Region 1 and 2 includes EDs in Allegany, Frederick, Garrett, and Washington counties reporting to ESSENCE



* Region 3 includes EDs in Anne Arundel, Baltimore City, Baltimore, Carroll, Harford, and Howard counties reporting to ESSENCE



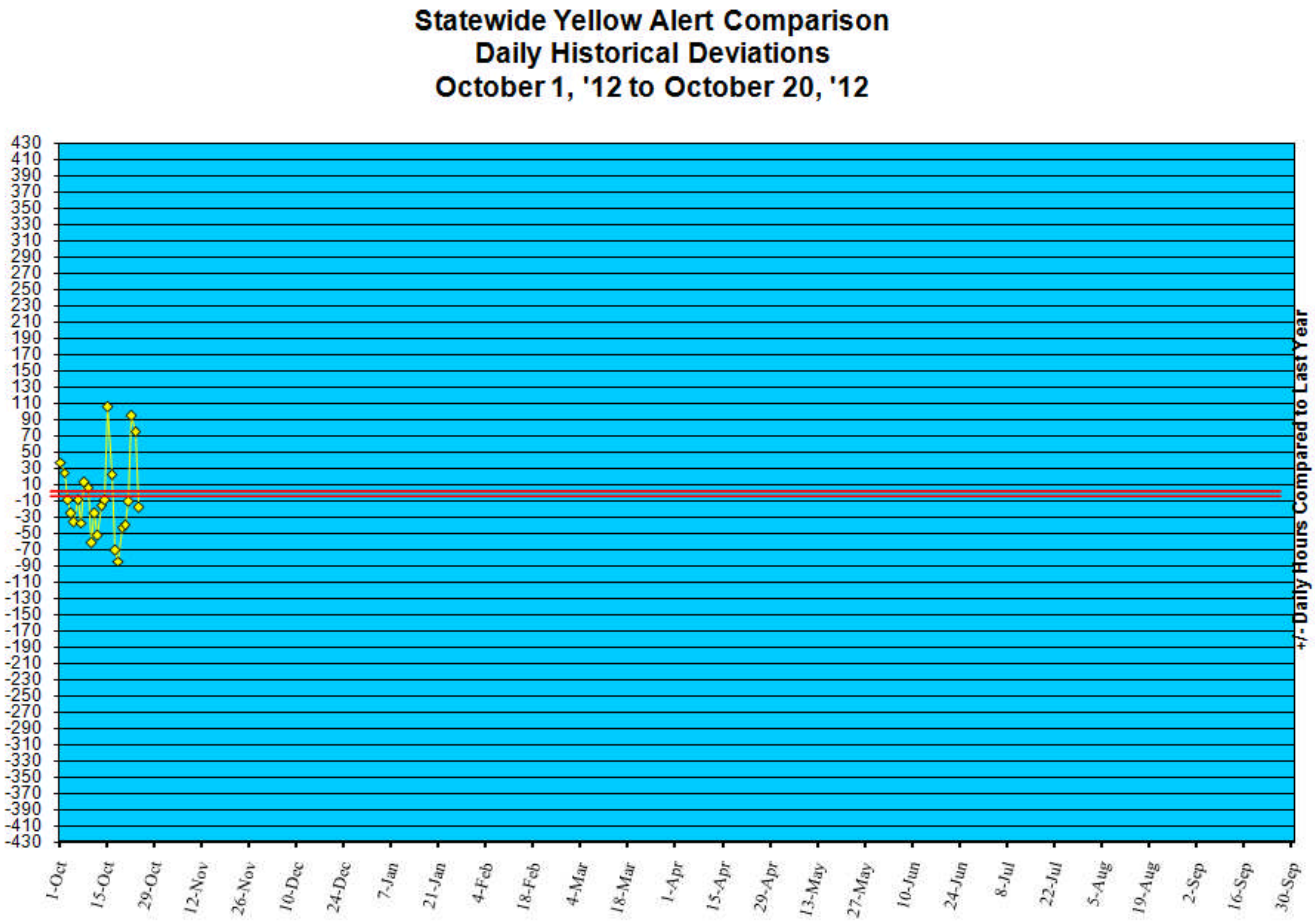
* Region 4 includes EDs in Cecil, Dorchester, Kent, Somerset, Talbot, Wicomico, and Worcester counties reporting to ESSENCE



* Region 5 includes EDs in Calvert, Charles, Montgomery, Prince George's, and St. Mary's counties reporting to ESSENCE

REVIEW OF EMERGENCY DEPARTMENT UTILIZATION

YELLOW ALERT TIMES (ED DIVERSION): The reporting period begins 10/01/11.



REVIEW OF MORTALITY REPORTS

Office of the Chief Medical Examiner: OCME reports no suspicious deaths related to an emerging public health threat for the week.

MARYLAND TOXIDROMIC SURVEILLANCE

Poison Control Surveillance Monthly Update: Investigations of the outliers and alerts observed by the Maryland Poison Center and National Capital Poison Center in September 2012 did not identify any cases of possible public health threats.

REVIEW OF MARYLAND DISEASE SURVEILLANCE FINDINGS

COMMUNICABLE DISEASE SURVEILLANCE CASE REPORTS (confirmed, probable and suspect):

Meningitis:	**Aseptic**	**Meningococcal**
New cases (October 14 – October 20, 2012):	7	0
Prior week (October 7 – October 13, 2012):	20	0
Week#42, 2011 (October 16 – October 22, 2011):	25	0

1 outbreak was reported to DHMH during MMWR Week 42 (October 14-20, 2012)

1 Rash illness outbreak
1 outbreak of HAND, FOOR, AND MOUTH DISEASE associated with a Daycare Center

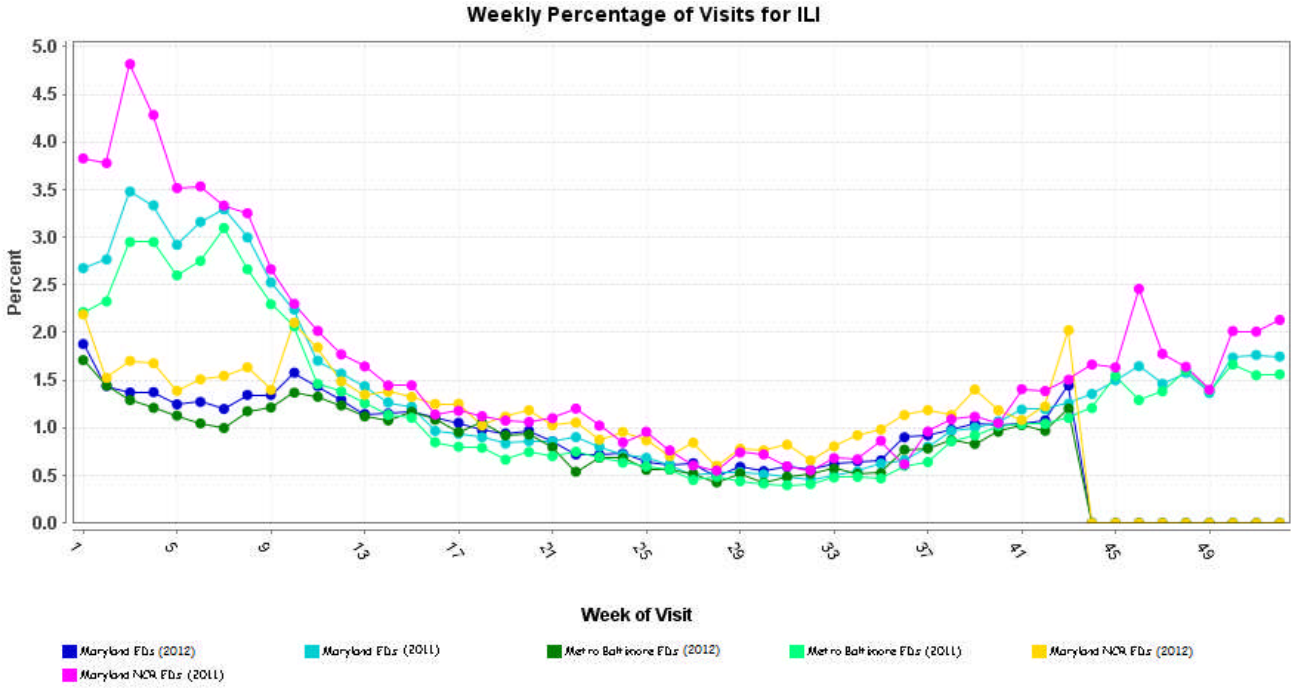
MARYLAND SEASONAL FLU STATUS

Seasonal Influenza reporting occurs October through May. Seasonal influenza activity for Week 42 was: Sporadic Activity with Minimal Intensity.

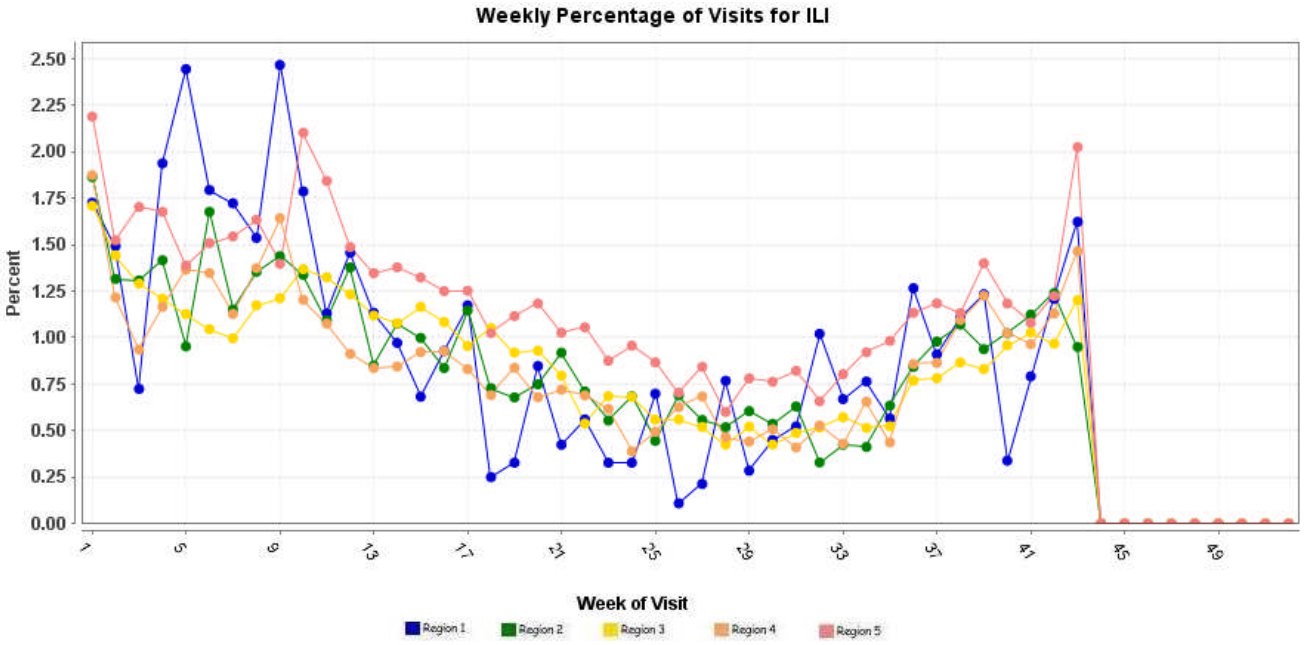
SYNDROMIC SURVEILLANCE FOR INFLUENZA-LIKE ILLNESS

Graphs show the percentage of total weekly Emergency Department patient chief complaints that have one or more ICD9 codes representing provider diagnoses of influenza-like illness. These graphs do not represent confirmed influenza.

Graphs show proportion of total weekly cases seen in a particular syndrome/subsyndrome over the total number of cases seen. Weeks run Sunday through Saturday and the last week shown may be artificially high or low depending on how much data is available for the week.



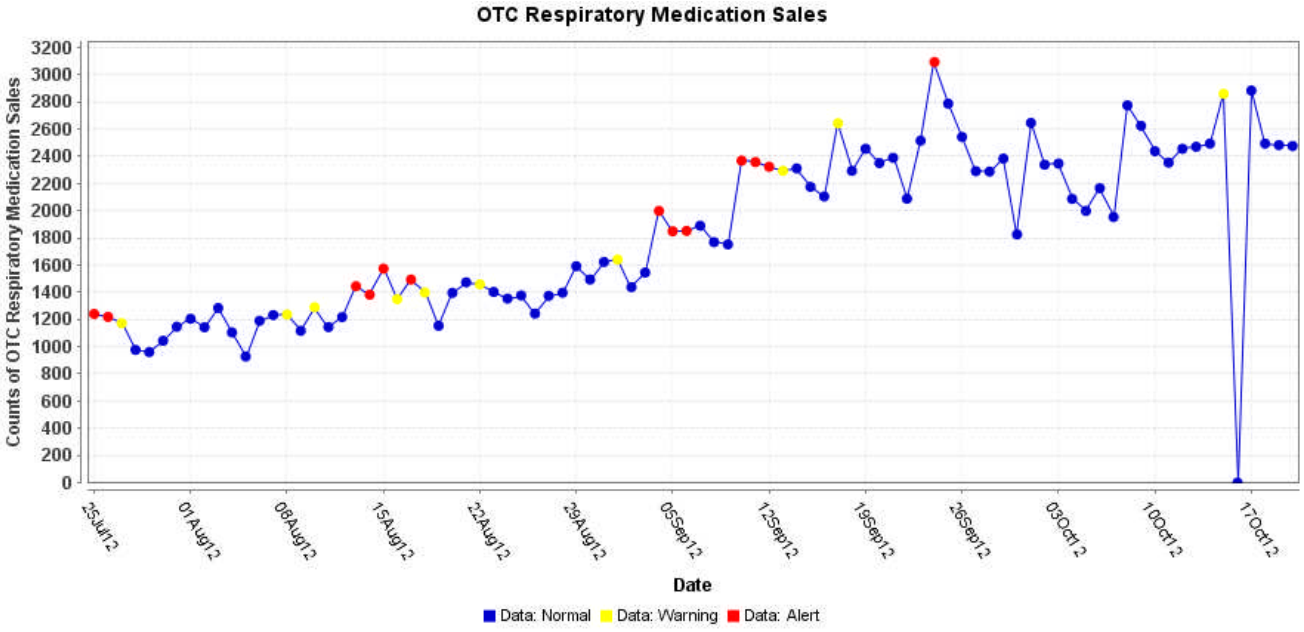
* Includes 2011 and 2012 Maryland ED visits for ILI in Metro Baltimore (Region 3), Maryland NCR (Region 5), and Maryland Total



*Includes 2012 Maryland ED visits for ILI in Region 1, 2, 3, 4, and 5

OVER-THE-COUNTER (OTC) SALES FOR RESPIRATORY MEDICATIONS:

Graph shows the daily number of over-the-counter respiratory medication sales in Maryland at a large pharmacy chain.



PANDEMIC INFLUENZA UPDATE / AVIAN INFLUENZA-RELATED REPORTS

WHO update: The current WHO phase of pandemic alert for avian influenza is 3. Currently, the avian influenza H5N1 virus continues to circulate in poultry in some countries, especially in Asia and northeast Africa. This virus continues to cause sporadic human infections with some instances of limited human-to-human transmission among very close contacts. There has been no sustained human-to-human or community-level transmission identified thus far.

In **Phase 3**, an animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks. Limited human-to-human transmission may occur under some circumstances, for example, when there is close contact between an infected person and an unprotected caregiver. However, limited transmission under such restricted circumstances does not indicate that the virus has gained the level of transmissibility among humans necessary to cause a pandemic. As of August 10, 2012, the WHO-confirmed global total of human cases of H5N1 avian influenza virus infection stands at 608, of which 359 have been fatal. Thus, the case fatality rate for human H5N1 is approximately 59%.

NATIONAL DISEASE REPORTS*

E. COLI EHEC (NORTH, SOUTH CAROLINA): 18 October 2012, State health officials have discovered a new strain of a contagious bacterial infection in the investigation of an illness outbreak linked to the Cleveland County Fair, according to the county health department director. Officials confirmed Thursday (18 Oct 2012) that 8 patients with *E. coli O157* share a similar, unknown strain of the infection, said county health director Dorothea Wyant. "This strain has never been identified before," Wyant said. "It doesn't have a name." As of Wed 17 Oct 2012, 81 people showed symptoms of *E. coli* throughout the state and South Carolina, with 48 of the cases involving Cleveland County residents. Health officials said all attended the Cleveland County Fair. The Division of Public Health of the NC Department of Health and Human Services said 52 children and 29 adults have *E. coli* symptoms. The state confirmed 22 of the patients have *E. coli.* A 2-year-old from Gaston County died from complications of the illness. State officials have toured the Cleveland County Fairgrounds multiple times as case numbers increase. They visited areas where animals were housed at the fair. They took 45 environmental specimens from soil in an effort to pinpoint the source of the outbreak, Wyant said. Officials also took samples from the racetrack and permanent food booths for testing. After the sample collection, fairgrounds workers sealed off areas where animals were exposed to the public. Workers overturned and disinfected soil throughout fairgrounds, according to Wyant. "The state is hoping to find an *E. coli* strain that matches the 8 people," she said. *E. coli* patient questionnaire results show more infected residents visited animals than ate fair food. "We learned people who got sick and their family members ate the same food. Some family members didn't get sick," Wyant said. "We couldn't find a commonality in the foods." "We've gotten calls today from people saying they got sick yesterday," Wyant said. "The number is likely to increase." Wyant urged people to thoroughly wash their hands in an effort to keep secondary-contract cases at a minimum. So far, Wyant knows of one county woman caregiver who contracted the infection from an infant. The state expects possible reports of secondary cases for another several weeks, according to a press release. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LISTERIOSIS (USA): 14 October 2012, The total case count in the ongoing *Listeria* outbreak linked to imported Italian ricotta cheese has expanded from 18 to 20 and one more victim has died, announced the Centers for Disease Control and Prevention (CDC) in an update on Friday [12 Oct 2012]. The 2 new illnesses were reported in California. One of these 2 victims died, bringing the total number of victim deaths from 3 to 4. Last week, Food Safety News reported on 2 cases in California that had not yet been counted in CDC's investigation update -- a pregnant mother who contracted a listeria infection and her son who was born prematurely on 19 Sep 2012 and died on 4 Oct 2012. CDC and the California Department of Public Health have yet to confirm whether the mother and her son were the newly counted 2 cases and death linked to the outbreak, but it's likely that they are, since the outbreak strain of listeria was isolated from both the baby and the placenta. 19 of the 20 people in 12 states and Washington DC, who've now been infected with the outbreak strain of *Listeria monocytogenes* have been hospitalized, reports CDC. One stillbirth has also been tied to the outbreak. The 11 victims who were not fetal or newborn range in age from 30 to 87 years old, with a median age of 77, according to CDC's update. The contaminated cheese causing this outbreak is imported from Italy by Forever Cheese of Long Island City, New York, and sold under the Marte brand as Ricotta Salata Frescolina. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

INTERNATIONAL DISEASE REPORTS*

FOOD POISONING (FRANCE): 14 October 2012, 18 people were victims of food poisoning in the Provence-Alpes-Cote d'Azur region between 21 Sep and 11 Oct 2012 after eating organic buckwheat flour or bread containing organic buckwheat. An investigation was undertaken by the Regional Health Agency and the departmental offices for the protection of people, services of Competition, Consumer Affairs and Fraud Control (DGCCRF) to identify the products that caused the intoxication. These investigations concluded that the organic buckwheat flour was potentially contaminated by organic datura (1), a wild and toxic plant. Bakeries, stores or crepe places that used or sold buckwheat flour and food products made from buckwheat (bread, crepes, cakes) were informed of the contamination and stopped selling these products. Flyers informed consumers of the withdrawal and warnings about these products. If you bought products made from organic buckwheat flour, please contact the place where you got it to determine whether the product is affected by this warning or not. The symptoms described are those of atropine poisoning (dry mouth, dilated pupils, blurred vision, tachycardia, agitation, confusion, spatial and temporal disorientation, hallucinations, incoherent speech). (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

LEGIONELLOSIS (GERMANY): 15 October 2012, The energy company EnBW confirmed that on Friday [12 Oct 2012] the health department investigated the company's cooling tower in connection with the recent legionellosis outbreak and has taken samples. These samples will now be tested by the country's health department. "Also, it is assumed that the power plant may not be the source of the contamination; the health department has to check all potential sources," said the EnBW press office on Friday night [12 Oct 2012]. "The health department has to investigate all potential sources of infection to get reliable results." EnBW regularly carries out microbiological testing of their cooling towers at its power plants, the report said. "The results were submitted to the authorities. At no time were there any unusual findings," EnBW said in a statement. In the meantime, at least one more case of Legionnaires' disease has been detected in the region according to confirmation by the SLK Clinic [Heilbronn] on Friday [12 Oct 2012] afternoon. Another

patient, a male from the same region, is undergoing treatment at the hospital after being admitted on Tuesday [9 Oct 2012]. Information published by the paper "Heilbronner Stimme" on Friday [12 Oct 2012] that another patient suffering from acute and life-threatening pneumonia has been admitted to the Heilbronner Gesundbrunnen hospital has not been confirmed by SLK spokeswoman Valerie Blass. There are now at least 4 Legionnaires' disease patients undergoing treatment at the Gesundbrunnen and not 3, as had been reported on Friday [12 Oct 2012]. The 4th, not yet named, Legionnaires' disease patient who lives in the district had suffered from the symptoms when he was admitted to the hospital, District Office spokesman Hubert Waldenberger confirmed. "We only had the official confirmation that the patient was infected with Legionnaires' disease on Thursday [11 Oct 2012] afternoon, so we only could pass on the information to the district health office on Thursday," said SLK spokeswoman Valerie Blass. When asked about other suspected cases, Blass said, "I can't comment on suspicions." With relation to the patients from the district, there have been extensive investigations into the possible source of infection, said Waldenberger. "In some cases, the search is very difficult." There is an indication that one of the 3 patients might have been infected in a private household, according to information by the city of Heilbronn. In relation to the 3 cases, various private houses and workplaces have been investigated. Apart from the usual sources of infection like showers and sinks, some individual cooling plants are under investigation, Heilbronn spokesman Christian Britzke said on request. Sometimes the search for the source can last for days or weeks. SLK spokeswoman Valerie Blass said on Wednesday [10 Oct 2012] that each of the patients was already ill when they were taken to the Gesundbrunnen Hospital. "The health of 3 of the patients is improving with regard to Legionnaires' disease," Blass said on Friday [12 Oct 2012]. "The 4th patient is undergoing specific treatment after the test results came back." *Legionella* are transmitted through water. They can infect humans by breathing in very fine droplets of water containing the pathogen, a rod-shaped bacterium. Not every contact with water contaminated with *Legionella* represents a health risk; for people with an intact immune system, even drinking water containing the pathogen poses no risk. Transmission of legionellosis is often associated with hot water supplies or air conditioning in private homes, hospitals, care homes, hotels, swimming pools or other facilities, which aerosolize water droplets. Warm water provides the ideal conditions for the bacteria to grow and multiply. The infection is also known under the name Legionnaires' disease. Legionellosis is notifiable. The numbers are collected by the Robert Koch Institute [RKI]. Annually, an average of 500 to 600 cases are reported, according to the RKI. The largest outbreak of legionellosis in Germany was in 2010 in Ulm; 64 people were infected, and 5 died. The Ulm health authorities identified the cooling towers of a power station near the main railway station in Ulm as the source of infection. According to Dr. Peter Liebert from the Heilbronn city health office, the local health authority and the national reference laboratory are investigating the current legionellosis outbreak in the region, using a complicated method, trying to establish whether *Legionella* recovered from patients are "genetically identical," thus establishing whether the patients have become infected by the same source. According to Liebert, in 2010 and 2011, only 2 cases of legionellosis have been detected in Heilbronn. Information from the Robert Koch Institute in Germany points out that not every case of legionellosis is detected, thus the amount of under-reporting is regarded as substantial. Therefore, although reporting is mandatory, it is still difficult to obtain reliable data. (Water Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

TRYPANOSOMIASIS (BRAZIL): 16 October 2012, There is an outbreak of Chagas disease [American trypanosomiasis] in the city of Abaetetuba, in the interior of Para state. More than 24 cases were reported in the region and one person has died. The epidemic could be due to consumption of contaminated acai [a species of palm tree]. The mosquito that transmits the disease is attracted by the fruit, typical of this region. [The vector is not a mosquito. The vectors are hematophagous triatomines, of the species *Triatoma infestans*, the most important one. - Mod.RNA] The insect defecates on the fruit and, if it is consumed without correct hygienic measures, it can lead to the contamination and infection [of the consumers]. A local point of sale is suspected to be the source of the outbreak. This commercial site was closed by Public Health, but after 2 weeks has reopened. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

BRUCELLOSIS (BOLIVIA): 17 October 2012, The director of the San Juan de Dios Hospital of Cotagaita, Marcelo Mariscal, announced on Fri 12 Oct 2012, that 5 cases of brucellosis were reported in this municipality, raising fears that the cattle in the region are infected with the bacterium. "The hospital has cared for 4-5 cases of human brucellosis. This disease is a zoonosis which is transmitted through the consumption of meat or milk products from goats or cattle," explained the doctor. Brucellosis, also called Malta fever or undulant fever, is a bacterial disease that attacks several mammalian species including man. It also infects other mammalians among which are those which have a high economic impact such as bovines, equines, porcines, ovines, caprines, and other wildlife. Mariscal said that the disease [brucellosis] is characterized by muscle pains, fever, and general malaise, and its complexity is due to the fact that the treatment is quite prolonged, hence the emphasis on a prevention campaign. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

E. COLI EHEC (NORTHERN IRELAND): 17 October 2012, An *E. coli O157* outbreak linked to a Belfast restaurant has been described as "major public health crisis" by Northern Ireland's [NI] Public Health Agency (PHA). The PHA said there are now 20 confirmed cases and 150 suspected cases of food poisoning following an investigation at Flicks restaurant at Cityside Mall. 6 people have been hospitalized since the start of the outbreak, but most have since been discharged. Dr Michael Devine from the PHA said it was NI's worst ever *E. coli* outbreak. The doctor, who is the PHA's consultant in health protection, said: "The further increase in cases is not unexpected as the incubation period for _E. coli_ is typically up to 7 days. We expect therefore to see a further increase in cases as people continue to report symptoms and submit samples for testing." Dr Devine said that over the past decade, the number of people affected in previous *E. coli* outbreaks in Northern Ireland had never exceeded 20. A separate *E. coli* outbreak in August 2012 affected 4 people who ate in the same restaurant on York Street. At the time, the PHA and Belfast City Council environmental health officers carried out an investigation and all tests on the restaurant were negative. The owner of Flicks, Michael McAdam, said there was "no definitive evidence" in August 2012 that the 4 people had contracted the poisoning at his restaurant. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

SALMONELLOSIS (NETHERLANDS, USA): 18 October 2012, "Three elderly people have died as a result of being infected by *Salmonella Thompson*. In total, some 950 people have now been taken ill as a result of the salmon, which have been taken off the shelves," said the National Institute for Public Health (RIVM) in the Netherlands. Dutch food and consumer watchdog NVWA [Food and Consumer Product Safety Authority] rang alarm bells earlier in October 2012, pinning the outbreak on Dutch fish producer Foppen and advising all major Dutch supermarket chains to take the contaminated salmon off the shelves. The RIVM added that around 100 people in the USA were also infected "by the same type of salmonella." Foppen, headquartered in the central Dutch town of Harderwijk in the meantime blamed a contaminated production line in Greece for the outbreak, Dutch media reported. A California-based company in April [2012] issued a recall of 58 828 pounds (26 683 kilograms) of a ground fish product known as "tuna scrape," imported to the USA from India, after salmonellosis sickened 116 people. (Food Safety Threats are listed in Category B on the CDC List of Critical Biological Agents) *Non-suspect case

YELLOW FEVER (UGANDA): 19 October 2012, In Agago, district officials say, despite a mass vaccination against yellow fever [virus] in the past year [2011], the disease has reoccurred. The deadly disease, which doctors say can kill in one week, is recurring in Uganda after almost 40 years. It was last in Uganda in 1972. The patient, admitted to Dr. Ambrosoli Hospital in Kalongo on 24 Sep [2012], was earlier suspected to be carrying Ebola virus but he instead tested positive for yellow fever. Yellow fever is an acute viral hemorrhagic disease transmitted by infected female mosquitoes. Patients experience

fever, muscle and back pain, headache, shivering, loss of appetite and vomiting. Some of the patients develop yellow eyes, abdominal pain and bleeding from the mouth, nose, eyes and stomach. Dr. Emmanuel Otto, the Agago district Director of Health Officer (DHO) said, "The single case should not be treated as an outbreak, but we are still investigating, it should not panic the population," Dr Otto said. He said a verification team has already been sent to monitor any new cases. (Viral Hemorrhagic Fevers are listed in Category A on the CDC List of Critical Biological Agents) *Non-suspect case

*National and International Disease Reports are retrieved from http://www.promedmail.org/.

OTHER RESOURCES AND ARTICLES OF INTEREST

More information concerning Public Health and Emergency Preparedness can be found at the Office of Preparedness and Response website: http://preparedness.dhmh.maryland.gov/

Maryland's Resident Influenza Tracking System: http://dhmh.maryland.gov/flusurvey
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NOTE: This weekly review is a compilation of data from various surveillance systems, interpreted with a focus on a potential BT event. It is not meant to be inclusive of all epidemiology data available, nor is it meant to imply that every activity reported is a definitive BT event. International reports of outbreaks due to organisms on the CDC Critical Biological Agent list will also be reported. While not "secure", please handle this information in a professional manner. Please feel free to distribute within your organization, as you feel appropriate, to other professional staff involved in emergency preparedness and infection control.

For questions about the content of this review or if you have received this and do not wish to receive these weekly notices, please e-mail me. If you have information that is pertinent to this notification process, please send it to me to be included in the routine report.

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Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents

Table: Text-based Syndrome Case Definitions and Associated Category A Conditions

Syndrome	Definition	Category A Condition
Botulism-like	ACUTE condition that may represent exposure to botulinum toxin ACUTE paralytic conditions consistent with botulism: cranial nerve VI (lateral rectus) palsy, ptosis, dilated pupils, decreased gag reflex, media rectus palsy. ACUTE descending motor paralysis (including muscles of respiration) ACUTE symptoms consistent with botulism: diplopia, dry mouth, dysphagia, difficulty focusing to a near point.	Botulism
Hemorrhagic Illness	SPECIFIC diagnosis of any virus that causes viral hemorrhagic fever (VHF): yellow fever, dengue, Rift Valley fever, Crimean-Congo HF, Kyasanur Forest disease, Omsk HF, Hantaan, Junin, Machupo, Lassa, Marburg, Ebola ACUTE condition with multiple organ involvement that may be consistent with exposure to any virus that causes VHF ACUTE blood abnormalities consistent with VHF: leukopenia, neutropenia, thrombocytopenia, decreased clotting factors, albuminuria	VHF
Lymphadenitis	ACUTE regional lymph node swelling and/ or infection (painful bubo- particularly in groin, axilla or neck)	Plague (Bubonic)
Localized Cutaneous Lesion	SPECIFIC diagnosis of localized cutaneous lesion/ ulcer consistent with cutaneous anthrax or tularemia ACUTE localized edema and/ or cutaneous lesion/ vesicle, ulcer, eschar that may be consistent with cutaneous anthrax or tularemia INCLUDES insect bites EXCLUDES any lesion disseminated over the body or generalized rash EXCLUDES diabetic ulcer and ulcer associated with peripheral vascular disease	Anthrax (cutaneous) Tularemia
Gastrointestinal	ACUTE infection of the upper and/ or lower gastrointestinal (GI) tract SPECIFIC diagnosis of acute GI distress such as Salmonella gastroenteritis ACUTE non-specific symptoms of GI distress such as nausea, vomiting, or diarrhea EXCLUDES any chronic conditions such as inflammatory bowel syndrome	Anthrax (gastrointestinal)

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Respiratory	ACUTE infection of the upper and/ or lower respiratory tract (from the oropharynx to the lungs, includes otitis media) SPECIFIC diagnosis of acute respiratory tract infection (RTI) such as pneumonia due to parainfluenza virus ACUTE non-specific diagnosis of RTI such as sinusitis, pharyngitis, laryngitis ACUTE non-specific symptoms of RTI such as cough, stridor, shortness of breath, throat pain EXCLUDES chronic conditions such as chronic bronchitis, asthma without acute exacerbation, chronic sinusitis, allergic conditions (Note: INCLUDE *acute exacerbation* of chronic illnesses.)	Anthrax (inhalational) Tularemia Plague (pneumonic)
Neurological	ACUTE neurological infection of the central nervous system (CNS) SPECIFIC diagnosis of acute CNS infection such as pneumoccocal meningitis, viral encephailitis ACUTE non-specific diagnosis of CNS infection such as meningitis not otherwise specified (NOS), encephailitis NOS, encephalopathy NOS ACUTE non-specific symptoms of CNS infection such as meningismus, delerium EXCLUDES any chronic, hereditary or degenerative conditions of the CNS such as obstructive hydrocephalus, Parkinson's, Alzheimer's	Not applicable
Rash	ACUTE condition that may present as consistent with smallpox (macules, papules, vesicles predominantly of face/arms/legs) SPECIFIC diagnosis of acute rash such as chicken pox in person > XX years of age (base age cut-off on data interpretation) or smallpox ACUTE non-specific diagnosis of rash compatible with infectious disease, such as viral exanthem EXCLUDES allergic or inflammatory skin conditions such as contact or seborrheaic dermatitis, rosacea EXCLUDES rash NOS, rash due to poison ivy, sunburn, and eczema	Smallpox
Specific Infection	ACUTE infection of known cause not covered in other syndrome groups, usually has more generalized symptoms (i.e., not just respiratory or gastrointestinal) INCLUDES septicemia from known bacteria INCLUDES other febrile illnesses such as scarlet fever	Not applicable

Syndrome Definitions for Diseases Associated with Critical Bioterrorism-associated Agents
(continued from previous page)

Syndrome	Definition	Category A Condition
Fever	ACUTE potentially febrile illness of origin not specified INCLUDES fever and septicemia not otherwise specified INCLUDES unspecified viral illness even though unknown if fever is present EXCLUDE entry in this syndrome category if more specific diagnostic code is present allowing same patient visit to be categorized as respiratory, neurological or gastrointestinal illness syndrome	Not applicable
Severe Illness or Death potentially due to infectious disease	ACUTE onset of shock or coma from potentially infectious causes EXCLUDES shock from trauma INCLUDES SUDDEN death, death in emergency room, intrauterine deaths, fetal death, spontaneous abortion, and still births EXCLUDES induced fetal abortions, deaths of unknown cause, and unattended deaths	Not applicable